

**CARL D. PERKINS VOCATIONAL AND TECHNICAL EDUCATIONAL**  
**ACT OF 1998**

**PERKINS III - LOCAL PLAN CHECKLIST**

**COVER PAGE~**

*Date:*

*Applicant:*

*Title/Names:*

*Signatures:*

**REQUIREMENT COMPLETED**

**SITE PROFILE~**

*Structure: (organizational chart)*

*Program Roster:*

*Affirmation of consortium*

*or cooperative agreement:*

**ADMINISTRATION PLAN~**

*Does not exceed 5% :*

*Description of admin plan:*

*(1) Perkins funded*

*2) Total Voc-Ed Programming*

**CONSOLIDATED BUDGET**

**PAYMENT SCHEDULE (SIGNED)**

**YEAREND FISCAL COMPLIANCE**

**YEAREND PPR COMPIANCE**

**CONTACTS MADE**

**COMMENTS**

**APPROVAL FISCAL**

**FISCAL INFO**

**ADMINISTRATION**

\$ \_\_\_\_\_

**ADULT INITIATIVES**

\$ \_\_\_\_\_

**PROGRAM IMPROVEMENT**

\$ \_\_\_\_\_

**SPECIAL POPULATIONS**

\$ \_\_\_\_\_

**NONTRADITIONAL**

\$ \_\_\_\_\_

**OTHER TITLE IC PROJECTS**

\$ \_\_\_\_\_

**VSO's**

\$ \_\_\_\_\_

**2% MAVEA**

\$ \_\_\_\_\_

**EQUIPMENT**

\$ \_\_\_\_\_

**GUIDANCE**

\$ \_\_\_\_\_

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**PROGRAM IMPROVEMENT~**

**REQUIREMENT COMPLETED**

*Description of the program improvement strategy to be employed by the recipient to:*

(1) *remedy any deficits identified through local assessment:*

(2) *increase the academic and technical competencies of voc. Students:*

(3) *ensure that students master universal, state estab. core academics & skills:*

(4) *provide students with strong exp. in & understanding of "all aspects of the industry":*

(5) *ensure that all programs meet the requirements of the "Core Measures and Standards":*

*Assurance that program improvement projects are of the "size, scope and quality" to effect continuous improvement in the quality of vocational ed.:*

*Detailed description of PI activities including:*

(1) *comp. professional develop:*

(2) *curriculum development:*

(3) *new program development:*

(4) *new program implementation:*

(5) *secondary/postsec. articulation:*

*Program Improvement Budget:*

**OTHER TITLE I(C) ACTIVITIES~**

*Detailed descriptions of other projects funded:*

*2% set-a-side for MAVEA*

*VSO (optional)*

*Budget:*

**CONTACTS MADE**

**COMMENTS**

**PROGRAM IMPROVEMENT APPROVAL**

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**SERVICES FOR SPECIAL POPS.~ REQUIREMENT COMPLETED**

*Review of overall Voc-Tech Ed programs with respect  
to needs of special populations:* \_\_\_\_\_

*Dev. and implementation of strategies to overcome barriers  
to access and success in Voc-Tech Ed:* \_\_\_\_\_

*Complete and detailed description of programs,  
activities and services:* \_\_\_\_\_

*Compliance with "State Standards of  
Service for Special Populations":* \_\_\_\_\_

*Compliance with "Core Measures and  
Standards of Performance":* \_\_\_\_\_

*Assurance that individuals who are members of special pops  
will not be discriminated against on the basis of their  
special population status:* \_\_\_\_\_

*Special Populations budget:* \_\_\_\_\_

**PREPARATION FOR NONTRADITIONAL CAREERS~**

*Detailed description of how funds will be used  
for nontrad. training and employment:* \_\_\_\_\_

*Budget:* \_\_\_\_\_

**ADULT VOC-ED INITIATIVES~**

*Description of planning process* \_\_\_\_\_

*Roster of planning participants* \_\_\_\_\_

*Goals* \_\_\_\_\_

*Planned activities (per participant)* \_\_\_\_\_

*Projected expenditures* \_\_\_\_\_

*Budget* \_\_\_\_\_

*Budget complies with set-a-side:* \_\_\_\_\_

**CONTACTS MADE**\_\_\_\_\_

**COMMENTS**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL POPULATIONS APPROVAL**\_\_\_\_\_

**NONTRADITIONAL PREP APPROVAL**\_\_\_\_\_

**ADULT APPROVAL**\_\_\_\_\_

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**PARTICIPATION PLAN~**

*Description of how recipient will involve parents, students, teachers, representatives of business and industry, labor organizations, special pops. And other interested individuals in the development, implementation and evaluation of Voc-Tech programs:*

*Description of how stakeholder will be informed about the requirements of Perkins III:*

\_\_\_\_\_

\_\_\_\_\_

**COORDINATION PLAN~**

*Describe procedures that will be used to ensure coordination and non-duplication of effort among programs funded under Perkins III, WIA and STWOA:*

\_\_\_\_\_

**EVALUATION~**

*Describe how the recipient will ensure independent evaluation of Voc-Tech programs:*

*Describe how recipient will ensure full and active participation with the State Performance Accountability System*

\_\_\_\_\_

**CONTACTS MADE**\_\_\_\_\_

**COMMENTS**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EVALUATION/PARTICIPATION/COOR. APPROVAL**\_\_\_\_\_

**FINAL LOCAL PLAN APPROVAL**

**FISCAL AND ADMINISTRATIVE OFFICER**\_\_\_\_\_

**PROGRAM IMPR. AND OTHER TITLE I (C)PRJTS OFFICER**\_\_\_\_\_

**SPECIAL POPS AND NONTRADITIONAL CAREERS OFFICER**\_\_\_\_\_

**PARTICIPATION/COORDINATION/EVALUATION OFFICER**\_\_\_\_\_

**STATE DIRECTOR APPROVAL**\_\_\_\_\_

